

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	35	MINUS	* 36	
INDEP	4	MINUS	** 4	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 25	\$
X	\$105	\$
+	\$185	\$

OR

OTHER THAN
SMALL ENTITY

	RATE	ADDIT. FEE
X	50	\$
X	\$210	\$
+	\$370	\$

* not fewer than 20

** not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
47	100	

SMALL ENTITY

Rate	Total Amount Owed
X \$130	\$[]

OTHER THAN
SMALL ENTITY

Rate	Total Amount Owed
X \$260	\$[]

Payment Sufficient for up to
100 Sheets

Petition for Extension of Time

- ☒ Applicant hereby petitions to extend the time to respond to the an Office Action dated February 27, 2008 for 2 month(s) from May 27, 2008 to July 27, 2008. The appropriate fee is set forth below.
- ☐ *[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

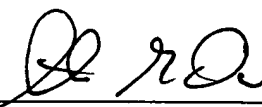
A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for 2 month Extension of Time	\$	460
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	460

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
Steven G. Davis
Registration No.: 39,652
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: July 27 2003

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	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
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<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
 ** not fewer than 3

SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE		RATE	ADDIT. FEE
X	\$ 25	\$	X	50
X	\$105	\$	X	\$210
+	\$185	\$	+	\$370
TOTAL =		\$ 0	TOTAL = \$ 0	

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
47	100	

SMALL ENTITY	
Rate	Total Amount Owed
X \$130	\$[]

OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed
X \$260	\$[]

Payment Sufficient for up to
100 Sheets

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<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

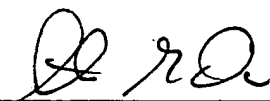
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		\$	_____
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